POC in DLE, PSESD is: Doyle Allen (803)751-7232 allend@jackson.army.mil

APPLICATION FORM FOR LAND DISTURBING ACTIVITIES FORT JACKSON, SOUTH CAROLINA

DA, HQ, USATC & Fort Jackson ATZJ-DLE-ENRD (Doyle Allen) 2563 Essayons Way Fort Jackson, SC 29207-5670

PROJECT NAME		DATE:
APPLICANT (organization reques	sting the project)	Email:
LOCATION (also show on a locat	ion map)	
ORGANIZATION RESPONSIBLE CONTROL PLAN (this could be Fingineering unit, private contractor control measures) ORGANIZATION POC	Roads and Grounds, Corps or, etc whoever will be co	of Engineers, National Guard
100	TELETHONE	Eman
PSES inspector can call if there is project; this might be a Corps of E someone from Roads and Grounds	a problem - the person directing in the project manager, and s)	(this should be the field person the cting the day to day activities of the Job Order Contract (JOC) inspector, or
POC	TELEPHONE	E-mail
CONTRACTOR OR OPERATOR POC	C (if known) TELEPHONE	E-mail:
	UIRED (payable to South	EATER, A \$125 NPDES Carolina Department of Health and 0 Bull Street, Columbia, SC 29201
ANTICIPATED: START DATE	COMPL	ETION DATE
Attach Stormwater Management a	nd Sediment Reduction Pla	n\Pollution Prevention Plan
(HIGHLIGHTED AREAS TO E Record of Environmental Consider	======== BE FILLED IN BY PSESI ration (REC) Number	O STAFF)
NEAREST RECEIVING WATER		
DISTANCE TO NEAREST RECEIVING WATERBODY		
		SIC CODE
Any wetlands on the project site? If so, delineate on a map. USGS Topo		

I hereby certify that all land disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans. I also certify that a responsible person will be assigned to the project for day to day control. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations (To be signed by a person who is financially responsible and/or who has the authority to ensure that the stormwater/erosion control plan is implemented. Design engineers may not sign here. Contractors *should sign a Co-permittee Agreement)* PRINTED NAME **SIGNATURE** DESIGNER CERTIFICATION (as applicable) – One copy of the plans, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, and pursuant regulation 72-300. **SIGNATURE** PRINTED NAME SC REGISTRATION NUMBER Engineer Tier b land surveyor Landscape architect Federal government employee

FOR INTERNAL USE ONLY

I hereby certify that I have thoroughly reviewed the application, plans and supporting documents and found them to be in compliance with the letter and the intent of the law. This stamp of approval on the plans is solely an acknowledgement of satisfactory compliance with the requirements of these regulations. The approval stamp does not constitute a representation or warranty to the applicant or any other person concerning the safety, appropriateness of effectiveness of any provisions, or omission from the stormwater and sediment plan.

FJ PLAN REVIEWER FJ HYDROLOGY REVIEWER